

FILED JUL 11 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18307

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 598

1. PLACE OF DEATH a. COUNTY <b>Green</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE <b>Mo.</b> b. COUNTY <b>Green</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>GOSS - STRADER REST HOME</b>		d. STREET ADDRESS (If rural, give location) <b>Springfield (Unknown)</b>	
3. NAME OF DECEASED (Type or Print) <b>Maggie</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 6, 1955</b>	
a. (First)		b. (Middle)	
c. (Last)		5. SEX <b>Female</b>	
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>Aug. 6, 1872</b>		9. AGE (In years last birthday) <b>82</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	
11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>James Glenn</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Unknown</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ben Turner, Ozark, Mo.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gastric ulcer</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) <b>5400</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION _____		INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>	
19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <b>July 1954</b> , to <b>7-6, 1955</b> , that I last saw the deceased alive on <b>7-5, 1955</b> and that death occurred at <b>5:30 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Romer, Marshall, M.D. Professional Bldg.</b>		23b. ADDRESS _____	
23c. DATE SIGNED <b>7-7-55</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>July 9, 55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Glenn Cemetery</b>	
24d. LOCATION (City, town, or county) <b>Christian, Mo.</b>		(State) _____	
DATE REC'D BY LOCAL REG. <b>7-7-55</b>		REGISTRAR'S SIGNATURE <b>Edith Williamson</b>	
FUNERAL DIRECTOR'S SIGNATURE <b>T. B. Chaffin</b>		ADDRESS <b>Ozark, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*T. B. Chaffin*

Licensed Embalmer No. *2192*

P. O. Address *Ozark, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.